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JAN 13 2016  
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IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF  
TWIN FALLS

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO  
THE USE OF WATER FROM THE COEUR D'ALENE-  
SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 94-9465

Date Received: 1/13/2016

Received By: *NO31690*  
*LW*

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED  
UNDER STATE LAW

1. Name of Claimant(s)

MUHS LIVING TRUST Phone: (208) 689-3366  
54493 S HWY 97  
SAINT MARIES ID 83861

2. Date of Priority: 5/20/1955

3. Source: GROUND WATER

Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
47N <i>47N</i>	03W <i>3W</i>	8 <i>8</i>	SW NE <i>SW NE</i>		KOOTENAI <i>KOOTENAI</i>	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.04	

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
47N	03W	8	SW NE		DOMESTIC	
						Section Acres
						Total Acres

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

94-9465

1/13/2016

SCANNED  
JAN 13 2016

Description of use: Water Use

Description

DOMESTIC

14. Basis of Claim:

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do \_\_\_\_\_ do not \_\_\_\_\_ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

David H. Madsen

Date:

Jan. 13, 2016

Date:

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

\_\_\_\_\_ of \_\_\_\_\_  
Title Organization

That I have signed the foregoing document in the space below as

\_\_\_\_\_ of \_\_\_\_\_  
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date: \_\_\_\_\_

Title and Organization \_\_\_\_\_

Please print name